



Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 | 510.797.1111

Kimberly Hartz, Chief Executive Officer

Board of Directors

Jacob Eapen, MD
William F. Nicholson, MD
Bernard Stewart, DDS
Michael J. Wallace
Jeannie Yee

BOARD OF DIRECTORS MEETING

Wednesday, June 8, 2022 – 6:00 P.M.

Meeting Conducted by Zoom

<https://us06web.zoom.us/j/84447691273?pwd=b05kWHFIVTVJWEVDZUZIZGFwUUVhdz09>

Password: 532773

AGENDA

PRESENTED BY:

- | | |
|--|--------------------------------|
| I. CALL TO ORDER & PLEDGE OF ALLEGIANCE | Jeannie Yee Board President |
| II. ROLL CALL | Dee Antonio District Clerk |
| III. BROWN ACT FINDING GOVERNMENT Code § 54953(e)(3)(B)(ii) | <i>Motion Required</i> |
| IV. COMMUNICATIONS | |
| A. Oral <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board.. “Request to Speak” cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| B. Written | |
| V. CONSENT CALENDAR <i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | Jeannie Yee Board President |
| A. Consideration of Minutes of the Regular Meetings of the District Board: May 11, 16, 23, and 25, 2022 | <i>Motion Required</i> |
| B. Consideration of Medical Staff: Critical Care Medicine Privileges | |

- C. Consideration of Recognition of Local 20 as the Bargaining Representative for the Case Managers and Social Workers at Washington Hospital

VI. PRESENTATION

- A. Stroke Program: Calendar Year 2021 Review and Quality Report

PRESENTED BY:

Jack Rose, M.D.
Co-Medical Director
Stroke Program

VII. REPORTS

- A. Medical Staff Report

Shakir Hyder, M.D.
Chief of Medical Staff

- B. Service League Report

Debbie Feary
Service League President

- C. Lean Report
Washington Township Medical Foundation Quality Alignment

Bettina Kurkjian, M.D.
Kaizen Promotion Office
and
Sabrina Valade
Director, Strategic Planning

- D. Finance Report

Chris Henry
Vice President & Chief Financial Officer

- E. Hospital Operations Report

Kimberly Hartz
Chief Executive Officer

VIII. ANNOUNCEMENTS

IX. ADJOURN TO CLOSED SESSION

- A. Conference involving Trade Secrets pursuant to Health & Safety Code section 32106

X. RECONVENE TO OPEN SESSION & REPORT ON PERMISSIBLE ACTIONS TAKEN DURING CLOSED SESSION

Jeannie Yee
Board President

XI. ADJOURNMENT

Jeannie Yee
Board President

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, May 11, 2022 via Zoom. Director Yee called the meeting to order at 6:00 pm and led those in attendance of the meeting in the Pledge of Allegiance.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

Roll call was taken: Directors present: Jeannie Yee; Bernard Stewart, DDS; Michael Wallace; Jacob Eapen, MD; William Nicholson, MD;
Absent:

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Dee Antonio, District Clerk

Guests: Chris Henry, Tina Nunez, Larry LaBossiere, Paul Kozachenko, Mary Bowron, Debbie Feary, Kristin Ferguson, Scott Haggerty, Dr. Shakir Hyder, Kel Kanady, John Lee, Nick Legge, Dr. Brian Smith, Larry Tramutola, Felipe Villaneuva, John Zubiena, and Sri Boddu.

Director Yee welcomed any members of the general public to the meeting. She noted that in order to continue to protect the health and safety of the members of the Board, District staff, and members of the public from the dangers posed by the SARS-CoV-2 virus, the Brown Act allows a local agency to continue to hold its meetings remotely as opposed to being required to meet in-person. Section 54953(e)(3) of the Government Code requires that the Board make certain findings every 30 days to continue meeting remotely. One such finding is that “state or local officials continue to impose or recommend measures to promote social distancing.” The Alameda County Health Officer continues to recommend social distancing and the wearing of masks indoors, as referenced by the Alameda County Health Care Services Public Health Department COVID-19 website at www.covid-19.acgov.org.

OPENING REMARKS

In accordance with District law, policies, and procedures, Director Nicholson moved that the Board of Directors make the finding required by Section 54953(e)(3)(B)(ii) of the Government Code that “state or local officials continue to impose or recommend measures to promote social distancing.” Director Eapen seconded the motion.

Roll call was taken:

Jeannie Yee – aye
Bernard Stewart, DDS – aye
Michael Wallace – aye
Jacob Eapen, MD – aye
William Nicholson, MD – aye

The motion carried and the finding is affirmed.

Director Yee noted that Public Notice for this meeting, including connection information, was posted appropriately on our website. This meeting, conducted via Zoom, is being recorded for broadcast at a later date.

There were no Oral communications.

*COMMUNICATIONS:
ORAL*

There were no Written communications.

*COMMUNICATIONS:
WRITTEN*

Director Yee presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Minutes of the Regular Meetings of the District Board: April 13, April 18, April 25, and April 27, 2022
- B. Resolution No. 1241: Calling a District General Election to be Held in Washington Township Health Care District on November 8, 2022
- C. Resolution No. 1242: Ordering the Consolidation of the Health Care District General Election to be Held in Washington Township Health Care District of Alameda County, State of California on November 8, 2022, with the Statewide General Election to be Held on November 8, 2022 and Requesting the Board of Supervisors of the County of Alameda to Consolidate Said Health Care District General Election with Said Statewide General Election, insofar as the Territory in Which Said Elections Are to be Held Is the Same
- D. Washington Township Health Care District Board of Directors Policies, New/Reviewed/Revised 2022

In accordance with District law, policies, and procedures, Director Nicholson moved that the Board of Directors approve the Consent Calendar, items A through D. Director Nicholson seconded the motion.

Roll call was taken:

Jeannie Yee – aye
Bernard Stewart, DDS – aye
Michael Wallace – aye
Jacob Eapen, MD – aye
William Nicholson, MD – aye

The motion unanimously carried.

Kimberly Hartz, CEO, expressed appreciation to Nursing and Hospital staff and reviewed the celebratory events held during Nurses Week and Hospital Week.

*PRESENTATION:
NURSES' WEEK /
HOSPITAL WEEK*

John Lee, Chief Information Officer, presented Everything MyChart, also known as The Patient Portal. The reasons for using MyChart include the improvement of care coordination, tracking your personal patient information, the ability to communicate directly with physicians and clinic staff, the ability to view your history of labs and other test results, the ability to request refills of medications, and for direct scheduling and eCheck-in. He explained the current option to sign up for MyChart and how to access through the Washington Hospital website.

*PRESENTATION:
EVERYTHING
MyCHART*

Mr. Lee noted some that future enhancements to MyChart such as Bill Pay, direct scheduling for additional WTMF clinics, and pre-procedure instructions are being planned for the future.

Kimberly Hartz and Tina Nunez reported on the conclusions of the trauma center study conducted by Bishop & Associates on the feasibility of a 3rd trauma center in

*TRAUMA CENTER
DESIGNATION REPORT*

Alameda County. She noted that the recommendations to the Alameda County EMS Agency included:

- Alameda County will need one additional Level II Trauma Center in the next five years.
- Alameda County should not add two additional Level II Trauma Centers in the next ten years.
- Washington Hospital Health Care District is equipped to meet the needs of more Alameda County residents
- Stanford Health Care – ValleyCare could be considered as a Trauma Center in the next 10-20 years.

Ms. Hartz reviewed the data submitted by Bishop & Associates and noted that there was strong South County support for Trauma Care at Washington Hospital. She also noted that the process of becoming a trauma center is a large undertaking as it related to ensuring that we have the appropriate physician coverage and other operational components in place.

The decision will ultimately be made by the Alameda County EMSA.

Dr. Shakir Hyder, Chief of Staff, reported there are 573 Medical Staff members including 346 active members. He expressed appreciation to all the nurses and hospital staff for their work in taking care of our patients now and during COVID. He noted the COVID numbers are rising in California.

*MEDICAL STAFF
REPORT*

Debbie Feary, Service League President, reported that the Service League contributed 1,344 hours over the past month. The Masquerade \$5 jewelry sale was held the end of April and earned \$6000 in commissions. Appreciation was expressed for the volunteer luncheon.

*SERVICE LEAGUE
REPORT*

Mary Bowron, Chief of Quality and Resource Management presented the Quality Dashboard for the quarter ending March 31, 2022 comparing WHHS statistics to State and National benchmarks. We had two MRSA Bloodstream Infections this past quarter. We had two Catheter Associated Urinary Tract Infections, which was above the predicted number of infections (1.629). We had one Central Line Associated Bloodstream Infection (CLABSI), which was lower than predicted. We had zero infections following colon surgery and zero infections following abdominal hysterectomy. C-Difficile: We had two hospital-wide C. diff infections. Hand Hygiene was at 89%.

*QUALITY REPORT:
QUALITY DASHBOARD
FOR QUARTER
ENDING MARCH 2022*

Our moderate fall with injury rate of 0.38 was lower than the national rate for the quarter at 0.59. Hospital Acquired Pressure Ulcer rate of 0% was lower than the national rate this past quarter.

Our 30-day readmission rate for AMI discharges was below the CMS benchmark (3.2% versus 15.8%). We had a higher percent of 30-day Medicare pneumonia readmissions compared to the CMS national benchmark (18.6% versus 16.7%). 30-

day Medicare Heart Failure readmissions were higher (28.6% versus 21.9%) than the CMS benchmark. Our 30-day Medicare Chronic Obstructive Pulmonary Disease (COPD) readmission rate was lower than the CMS benchmark (12.5% versus 19.7%). Our 30-day Medicare CABG readmission rate was lower (12% versus 12.6%) than the CMS benchmark. Our 30-day Medicare Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) was higher than the CMS benchmark (5.6% versus 4.0%).

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for March 2022. The average daily inpatient census was 164.5 with admissions of 801 resulting in 5,100 patient days. Outpatient observation equivalent days were 317. The average length of stay was 6.01 days. The case mix index was 1.621. Deliveries were 110. Surgical cases were 442. The Outpatient visits were 8,606. Emergency visits were 4,202. Cath Lab cases were 233. Joint Replacement cases were 205. Neurosurgical cases were 31. Cardiac Surgical cases were 14. Total FTEs were 1,601.3. FTEs per adjusted occupied bed were 5.66.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for April 2022. Preliminary information for the month indicated total gross revenue at approximately \$181,915,000 against a budget of \$177,662,000. We had 22 COVID-19 discharges which represented 3% of total discharges.

*HOSPITAL
OPERATIONS REPORT*

The Average Length of Stay was 5.99. The Average Daily Inpatient Census was 140.5. There were 13 discharges with lengths of stay greater than 30 days, ranging from 31 to 117. Still in house at the end of April were nine patients with length of stays of over 30 days and counting (highest at 341).

There were 4,216 patient days. There were 373 Surgical Cases and 200 Cath Lab cases at the Hospital. Outpatient joint cases were budgeted to begin migrating to Peninsula Surgery Center in October 2021; we are expecting PSC operations to begin in June.

Deliveries were 106. Non-Emergency Outpatient visits were 7,414. Emergency Room visits were 4,186. Total Government Sponsored Preliminary Payor Mix was 74.3%, against the budget of 73.1%. Total FTEs per Adjusted Occupied Bed were 6.12. The Washington Outpatient Surgery Center had 456 cases and the clinics had approximately 16,432 visits.

There were \$165,000 in charity care applications pending or approved in April.

- As of Monday, May 2nd, a total of 87,940 COVID vaccine doses have been administered to community members at our vaccination clinic, including 3,588 vaccinations of children ages 5-11 years old.
- During the month of April, WHHS hosted twelve students from Mission Valley Regional Occupation Program for a job shadowing program.
- Tuesday, April 19th: Treatments and Procedures for Common Spine Conditions

ANNOUNCEMENTS

- Saturday, April 23rd: HERS Breast Foundatio recognized Dr. Bogdan Eftimie with the Foundation's Renewal Award at their 13th Annual People with Purpose Gala.
- Saturday, April 23rd: Earth Day 2022 Let's Go Green Event
- Wednesday, April 27th: Diabetes Self-Management: Lesser-known Factors Impacting Blood Glucose Levels
- Scheduled for Thursday, May 12th: Kindergarten Readiness
- Scheduled for Thursday, May 12th: Dr. Seema Sehgal will be at Ardenwood Elementary School for National Mental Health Awareness Month.
- Scheduled for Wednesday, May 18th: Advance Health Care Directives and POLST at Acacia Creek Retirement Community in Union City
- Scheduled for Thursday, May 19th: Celebration of Life.
- Scheduled for Friday, May 20th: Annual Bike to Work Day.
- At the April Quarterly meeting of the Foundation, Trustees voted to disburse \$277,508.09 to the Hospital to support with COVID-19 response needs and equipment for the ER and Special Care Nursery.
- May Employee of the Month: Theresa Wallace, Patient Account Representative, Finance Division

There being no further business, Director Yee adjourned the meeting at 7:40 pm.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, May 16, 2022 via Teleconference. Director Yee called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Jeannie Yee; Bernard Stewart, DDS; Michael Wallace; Jacob Eapen, MD; William Nicholson, MD
Absent:

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Chris Henry, Chief Financial Officer; Larry LaBossiere, Chief Nursing Officer; Paul Kozachenko, Legal Counsel; Dee Antonio, District Clerk

Guests: None

Director Yee welcomed any members of the general public to the meeting. She noted that in order to continue to protect the health and safety of the members of the Board, District staff, and members of the public from the dangers posed by the SARS-CoV-2 virus, the Brown Act allows a local agency to continue to hold its meetings remotely as opposed to being required to meet in-person. Section 54953(e)(3) of the Government Code requires that the Board make certain findings every 30 days to continue meeting remotely. One such finding is that “state or local officials continue to impose or recommend measures to promote social distancing.” The Alameda County Health Officer continues to recommend social distancing and the wearing of masks indoors, as referenced by the Alameda County Health Care Services Public Health Department COVID-19 website at www.covid-19.acgov.org. The Board made such a finding at its meeting earlier in the month.

OPENING REMARKS

There were no oral or written communications.

COMMUNICATIONS

There were no announcements.

ANNOUNCEMENTS

In accordance with Health & Safety Code Sections 32106, 32155 and California Government Code 54956.9(d)(2), Director Yee adjourned the meeting to closed session at 6:03 p.m., as the discussion pertained to a Conference involving Trade Secrets pursuant to Health & Safety Code 32106, Conference involving Personnel Matters, and consideration of closed session Minutes: April 18, and 27, 2022. Director Yee stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting is being conducted via Zoom and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board’s report beginning May 17, 2022. She indicated that the minutes of this meeting will reflect any reportable actions.

ADJOURN TO CLOSED SESSION

Director Yee reconvened the meeting to open session at 7:43 pm. The District Clerk reported that the Board approved the Closed Session Minutes of April 18, and 27, 2022 by unanimous vote of all Directors present:

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Jeannie Yee
Bernard Stewart, DDS

Michael Wallace
Jacob Eapen
William Nicholson, MD

There being no further business, Director Yee adjourned the meeting at 7:43 pm.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, May 23, 2022 via Zoom. Director Yee called the meeting to order at 7:30 a.m.

CALL TO ORDER

Roll call was taken. Directors present: Jeannie Yee; Bernard Stewart DDS; William Nicholson, MD

ROLL CALL

Excused: Jacob Eapen MD; Michael Wallace

Also present: Shakir Hyder, MD; Prasad Kilaru, MD; Mark Saleh, MD; Tim Tsoi, MD; Jan Henstorf, MD; Kimberly Hartz, CEO; Larry LaBossiere, CNO; Dee Antonio, District Clerk

There were no oral or written communications.

COMMUNICATIONS

Director Yee adjourned the meeting to closed session at 7:30 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Sections 1461 and 32155.

ADJOURN TO CLOSED SESSION

Director Yee reconvened the meeting to open session at 7:58 a.m. and reported no reportable action taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting adjourned at 7.58 a.m.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, May 25, 2022 via Teleconference. Director Yee called the meeting to order at 6:04 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Jeannie Yee; Bernard Stewart, DDS; Michael Wallace; Jacob Eapen, MD; William Nicholson, MD

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Chris Henry, Chief Financial Officer; Larry LaBossiere, Vice President; Paul Kozachenko, Legal Counsel; Dee Antonio, District Clerk

Director Yee welcomed any members of the general public to the meeting. She noted that in order to continue to protect the health and safety of the members of the Board, District staff, and members of the public from the dangers posed by the SARS-CoV-2 virus, the Brown Act allows a local agency to continue to hold its meetings remotely as opposed to being required to meet in-person. Section 54953(e)(3) of the Government Code requires that the Board make certain findings every 30 days to continue meeting remotely. One such finding is that “state or local officials continue to impose or recommend measures to promote social distancing.” The Alameda County Health Officer continues to recommend social distancing and the wearing of masks indoors, as referenced by the Alameda County Health Care Services Public Health Department COVID-19 website at www.covid-19.acgov.org. The Board made such a finding at its meeting earlier in the month.

OPENING REMARKS

Fabiana Ochoa, Representative from California Nurses Association (CNA) was in attendance with four Washington Hospital employees: Kim Lake, Mark Guerlan, Crystal Curammeng, and Leticia Giacomazzi. They spoke on the reorganization of Social Worker vs. Registered Nurse support for psych patients in the Emergency Department and their views of the potential impact on patient care. They asked the Board to carefully consider these actions.

COMMUNICATIONS

There were no written communications.

No announcements.

ANNOUNCEMENTS

In accordance with Health & Safety Code Sections 32106, 32155 and California Government Code 54956.9(d)(2), Director Yee adjourned the meeting to closed session at 6:19 p.m., as the discussion pertained to a Report of Medical Staff and Quality Assurance Committee, Health & Safety Code section 32155 (Medical Staff Credentials Committee Report), Conference involving Trade Secrets pursuant to Health & Safety Code section 32106 (Strategic Planning Discussion), Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956,9(d)(2), and Conference involving Personnel Matters – Chief Executive Officer. Director Yee stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting is being conducted via Zoom and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board’s report beginning May 26, 2022. She indicated that the minutes of this meeting will reflect any reportable actions.

ADJOURN TO CLOSED SESSION

Director Yee reconvened the meeting to open session at 9:18 pm. The District Clerk reported that the Board approved the Medical Staff Credentials Committee Report in closed session by unanimous vote of all Directors present:

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

Jeannie Yee
Bernard Stewart, DDS
Michael Wallace
Jacob Eapen
William Nicholson, MD

There being no further business, Director Yee adjourned the meeting at 9:18 pm.

ADJOURNMENT

Jeannie Yee
President

William Nicholson, M.D.
Secretary

DRAFT



Memorandum

DATE: May 16, 2022
TO: Kimberly Hartz, Chief Executive Officer
FROM: Shakir Hyder, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at its meeting on May 16, 2022, Revised Critical Care Medicine Privileges dated May 10, 2022.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Final Revised Critical Care Medicine Privileges dated May 16, 2022.



Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, CA 94538
(510) 818-7446 • Fax (510) 792-0795
Washington Township Hospital District

Specialty: Critical Care Medicine Delineation of Privileges

Applicant's Name: Test Test, M.D.

Instructions:

1. Click the Request checkbox to request a group of privileges such as *Core Privileges* or *Special Privileges*.
2. Uncheck any privileges you do not want to request in that group.
3. When requesting your privileges, please remember you must be able to demonstrate current competency to be granted or to have a privilege renewed.
4. Please pay close attention to make sure you submit all required forms (i.e., activity, case logs), as incomplete files cannot be processed.
5. Electronically Sign/Date form.

Notes:

- Applicants are not required to apply for all specialty-specific Core Privileges. If requirements exist for a particular specialty, the criteria will be outlined under the required qualifications section of each privilege form.
- Applicants may request privileges that apply to multiple specialties if they qualify.
- **IMPORTANT - If you have not met the minimum activity requirements for any privileges, do not check the boxes for those privileges.**

Required Qualifications

| | |
|-----------------------------|--|
| Qualifications | Licensed M.D. or D.O. |
| Membership | Meet all requirements for medical staff membership |
| Education/Training | Completion of ACGME or AOA accredited Residency Program in Anesthesia, Emergency Medicine, Internal Medicine, Pulmonary Medicine, or Surgery. Completion of an ACGME or AOA accredited Fellowship in Critical Care Medicine or Pulmonary Medicine. |
| Continuing Education | Applicant must attest to having completed 50 AMA PRA Category ICME credits within the previous 24 months directly related to the practice of pulmonary/critical care medicine (waived for applicants who have completed training during the previous 24 months). |
| Certification | Current Board Certification in Critical Care Medicine or Pulmonary Medicine from either the American Board of Internal Medicine, American Board of Anesthesiology, or the American Board of |

Surgery. Exceptions to this requirement can be found in Bylaws Section 2.2-2.

Clinical Experience (Initial)

Application must be able to provide documentation of the provision of critical care medicine services (at least 20 procedures within the core) representative of the scope and complexity of the privileges requested within the last two years.

Clinical Experience
(Reappointment)

Applicant must be able to provide documentation of the provision of critical care medicine services (at least 20 procedures within the core) representative of the scope and complexity of the privileges requested within the last two years.

AND

Active/Provisional Staff Only: Of the 25 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

AND

If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Core Privileges in Critical Care Medicine

Description: Diagnosis, treatment and support of patients in need of critical care life-threatening disorders (see listing below). Coordination of patient care among the primary physician, critical care staff, and other specialists.

| Request D | Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i> | Dept Chair Rec D |
|------------------|--|---------------------------|
| | Management of patients in the critical care unit who require the support of the CCU for conditions including the following: | |
| D | Acute and chronic respiratory failure | D |
| [J] | Acute metabolic disturbances, including overdosages and intoxication syndromes | [] |
| O | Anaphylaxis and acute allergic reactions | [] |
| n | Circulatory disorders | O |
| O | Electrolyte and acid-base disorders | O |
| O | Hematologic and coagulation disorders associated with critical illness | D |
| D | Hemodynamic and ventilatory support of patients with organ system damage or in a post-operative period | D |
| [J] | Hypertensive emergencies | [J] |
| O | Immunosuppressed patients | [] |
| O | Massive transfusions | O |
| D | Metabolic, nutritional, and endocrine effects of critical illnesses | fJ |
| C | Multi-organ system failure | O |
| O | Poisoning | [] |
| O | Sepsis and sepsis syndrome | O |
| O | Shock syndromes | [J] |
| C | Trauma patients | [] |
| ☒ ☒ | Moderate Sedation - Addition | |
| | Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.) | |
| D | Airway management | D |
| n | Cardioversion/defibrillation | D |
| D | Continuous arteriovenous hemofiltration and dialysis | D |
| n | Diagnostic peritoneal lavage | D |
| D | Fiberoptic bronchoscopy, therapeutic | D |
| D | Gastroesophageal balloon tamponade | [J] |
| n | Insertion of central venous, arterial and pulmonary artery balloon flotation catheters | D |
| D | Insertion and management of chest tubes | [J] |
| [J] | Intracranial pressure monitoring | D |
| D | Lumbar puncture | [J] |
| D | Management of pneumothorax (needle insertion and drainage system) | D |
| D | Oral/nasal intubation | D |
| D | Pericardiocentesis | D |
| D | Percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique) | D |
| [J] | Peritoneal dialysis catheter placement - to strike out | [J] |
| D | Pulmonary artery catheterization | [J] |
| D | Temporary transvenous pacemaker placement | D |

| |
|--|
| Tube thoracostomy |
| [J Ventilator management [] |

FPPE

- Six retrospective case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance

Acknowledgment of Applicant

I have requested only those privileges for which I am qualified by education, training, current experience, and demonstrated current competency I am entitled to perform and that I wish to exercise at Washington Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies, and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situations, my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

Practitioner's Signature _____

Date _____

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges |
| <input type="checkbox"/> | Do not recommend any of the requested privileges |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
| | |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
| | |

Department Chair Recommendation - FPPE Requirements

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|--|
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| |
| |
| |
| |
| |

Signature of Department Chair/Designee

Date



DATE: May 26, 2022

TO: Board of Directors, Washington Township Health Care District

FROM: Kimberly Hartz, Chief Executive Officer

SUBJECT: Recognition of Local 20 as Bargaining Representative for the Case Managers and Social Workers in the Social Services Department

Pursuant to Resolution 331A and the state law under the applicable Government Code sections, a union is entitled to recognition and the District must grant recognition where a majority of bargaining unit employees wish to be represented by a union. A secret ballot election took place on May 19th and 20th at which time the Case Managers and Social Workers in the Social Services Department voted by a majority vote (15 to 2) in favor of unionization under Local 20. That union already represents lab and pharmacy employees as well as rehabilitation therapists and clinical dietitians at the Hospital.

The Hospital initially received signed cards in early December 2021 from the union showing that 19 employees had signed cards indicating that they wished to be represented. The Hospital insisted that a secret ballot election be conducted consistent with precedent in this area when requests have been made for union representation. The union agreed and arrangements were made for an electronic vote. We now have evidence that the employees, by a majority vote, wish to be represented.

Upon receipt of the results of the secret ballot election, I am recommending that Local 20 be approved as the Bargaining Representative for the Case Managers and the Social Workers in the Social Services Department of Washington Hospital.

In accordance with District law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with entering into a Contract with Local 20 to negotiate the wages, hours and working conditions for the Case Managers and Social Workers in the Social Services Department.

Kimberly Hartz, Chief Executive Officer





WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

April 2022



Washington Hospital
Healthcare System

**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
April 2022**

| <u>Schedule Reference</u> | <u>Schedule Name</u> |
|----------------------------------|------------------------------------|
| Board - 1 | Statement of Revenues and Expenses |
| Board - 2 | Balance Sheet |
| Board - 3 | Operating Indicators |



Memorandum

DATE: June 2, 2022
TO: Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: Washington Hospital – April 2022
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

| | <u>April Actual</u> | <u>April Budget</u> | <u>Current 12 Month Avg.</u> |
|----------------------------------|-------------------------|-------------------------|----------------------------------|
| <u>ACUTE INPATIENT:</u> | | | |
| IP Average Daily Census | 140.5 | 148.9 | 151.1 |
| Combined Average Daily Census | 149.7 | 155.5 | 161.6 |
| # of Admissions | 764 | 844 | 800 |
| Patient Days | 4,216 | 4,468 | 4,593 |
| Discharge ALOS | 5.99 | 5.29 | 5.58 |
| <u>OUTPATIENT:</u> | | | |
| OP Visits | 7,414 | 7,640 | 7,668 |
| ER Visits | 4,186 | 3,797 | 4,318 |
| Observation Equivalent Days – OP | 275 | 199 | 318 |

Comparison of April acute inpatient statistics to those of the budget showed a lower level of admissions and a lower level of patient days. The average length of stay (ALOS) based on discharged days was above budget. Outpatient visits were lower than budget. Emergency Room visits were above budget for the month. Observation equivalent days were higher than budget.

2. Staffing – Schedule Board 3

Total paid FTEs were 51.7 above budget. Total productive FTEs for April were 1,318.1, 9.5 above the budgeted level of 1,308.6. Nonproductive FTEs were 42.2 above budget. Productive FTEs per adjusted occupied bed were 5.32, 0.64 below the budgeted level of 5.96. Total FTEs per adjusted occupied bed were 6.12, 0.56 below the budgeted level of 6.68.

3. Income - Schedule Board 1

For the month of April the Hospital realized a loss of \$1,166,000 from operations.

Total Gross Patient Service Revenue of \$181,915,000 for April was 2.4% above budget.

Deductions from Revenue of \$142,806,000 represented 78.5% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 77.64%, primarily due to payor mix.

Total Operating Revenue of \$39,529,000 was \$572,000 (1.4%) below the budget.

Total Operating Expense of \$40,695,000 was \$311,000 (0.8%) above the budgeted amount.

The Total Non-Operating Loss of \$2,092,000 for the month includes an unrealized loss on investments of \$1,507,000 and property tax revenue of \$1,441,000.

The Total Net Loss for April was \$3,258,000, which was \$2,478,000 less than the budgeted loss of \$780,000.

The Total Net Loss for April using FASB accounting principles, in which the unrealized loss or income on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$1,997,000 compared to a budgeted loss of \$1,064,000.

4. Balance Sheet – Schedule Board 2

On April 13, the Hospital issued \$20 million in new general obligation bonds. These bonds are the first series of bonds being issued pursuant to the 2020 voter authorization for a total of \$425 million. The proceeds from the April bonds will be used for construction related to earthquake safety, modernizing our operating rooms and infant intensive care accommodations and other approved uses.

There were no other noteworthy changes in assets and liabilities when compared to March 2022.

KIMBERLY HARTZ
Chief Executive Officer

KH/CH



**WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
April 2022
GASB FORMAT
(In thousands)**

| <u>April</u> | | | | <u>YEAR TO DATE</u> | | | | |
|-------------------|-------------------|--------------------------------|---------------|---|--------------------|--------------------|--------------------------------|---------------|
| <u>ACTUAL</u> | <u>BUDGET</u> | <u>FAV (UNFAV) VAR</u> | <u>% VAR.</u> | | <u>ACTUAL</u> | <u>BUDGET</u> | <u>FAV (UNFAV) VAR</u> | <u>% VAR.</u> |
| | | | | OPERATING REVENUE | | | | |
| \$ 103,147 | \$ 120,492 | \$ (17,345) | -14.4% | 1 INPATIENT REVENUE | \$ 1,154,890 | \$ 1,169,873 | \$ (14,983) | -1.3% |
| 78,768 | 57,170 | 21,598 | 37.8% | 2 OUTPATIENT REVENUE | 790,704 | 591,853 | 198,851 | 33.6% |
| 181,915 | 177,662 | 4,253 | 2.4% | 3 TOTAL PATIENT REVENUE | 1,945,594 | 1,761,726 | 183,868 | 10.4% |
| (140,045) | (134,594) | (5,451) | -4.0% | 4 CONTRACTUAL ALLOWANCES | (1,483,405) | (1,331,221) | (152,184) | -11.4% |
| (2,761) | (3,343) | 582 | 17.4% | 5 PROVISION FOR DOUBTFUL ACCOUNTS | (31,630) | (33,154) | 1,524 | 4.6% |
| (142,806) | (137,937) | (4,869) | -3.5% | 6 DEDUCTIONS FROM REVENUE | (1,515,035) | (1,364,375) | (150,660) | -11.0% |
| 78.50% | 77.64% | | | 7 DEDUCTIONS AS % OF REVENUE | 77.87% | 77.45% | | |
| 39,109 | 39,725 | (616) | -1.6% | 8 NET PATIENT REVENUE | 430,559 | 397,351 | 33,208 | 8.4% |
| 420 | 376 | 44 | 11.7% | 9 OTHER OPERATING INCOME | 5,496 | 3,781 | 1,715 | 45.4% |
| 39,529 | 40,101 | (572) | -1.4% | 10 TOTAL OPERATING REVENUE | 436,055 | 401,132 | 34,923 | 8.7% |
| | | | | OPERATING EXPENSES | | | | |
| 19,799 | 18,941 | (858) | -4.5% | 11 SALARIES & WAGES | 200,996 | 185,099 | (15,897) | -8.6% |
| 4,878 | 5,809 | 931 | 16.0% | 12 EMPLOYEE BENEFITS | 54,383 | 58,847 | 4,464 | 7.6% |
| 5,475 | 5,192 | (283) | -5.5% | 13 SUPPLIES | 58,457 | 51,786 | (6,671) | -12.9% |
| 5,195 | 4,731 | (464) | -9.8% | 14 PURCHASED SERVICES & PROF FEES | 50,965 | 47,286 | (3,679) | -7.8% |
| 1,718 | 1,816 | 98 | 5.4% | 15 INSURANCE, UTILITIES & OTHER | 17,771 | 18,833 | 1,062 | 5.6% |
| 3,630 | 3,895 | 265 | 6.8% | 16 DEPRECIATION | 38,660 | 39,358 | 698 | 1.8% |
| 40,695 | 40,384 | (311) | -0.8% | 17 TOTAL OPERATING EXPENSE | 421,232 | 401,209 | (20,023) | -5.0% |
| (1,166) | (283) | (883) | -312.0% | 18 OPERATING INCOME (LOSS) | 14,823 | (77) | 14,900 | 19350.6% |
| -2.95% | -0.71% | | | 19 OPERATING INCOME MARGIN % | 3.40% | -0.02% | | |
| | | | | NON-OPERATING INCOME & (EXPENSE) | | | | |
| 207 | 272 | (65) | -23.9% | 20 INVESTMENT INCOME | 2,087 | 2,665 | (578) | -21.7% |
| (26) | - | (26) | 0.0% | 21 REALIZED GAIN/(LOSS) ON INVESTMENTS | (270) | - | (270) | 0.0% |
| (1,765) | (1,724) | (41) | -2.4% | 22 INTEREST EXPENSE | (17,342) | (17,285) | (57) | -0.3% |
| 14 | 114 | (100) | -87.7% | 23 RENTAL INCOME, NET | 238 | 1,136 | (898) | -79.0% |
| - | - | - | 0.0% | 24 FOUNDATION DONATION | 753 | 1,031 | (278) | -27.0% |
| (456) | (600) | 144 | 24.0% | 25 BOND ISSUANCE COSTS | (456) | (600) | 144 | 24.0% |
| - | - | - | 0.0% | 25 FEDERAL GRANT REVENUE | 153 | - | 153 | 0.0% |
| 1,441 | 1,441 | - | 0.0% | 26 PROPERTY TAX REVENUE | 14,416 | 14,416 | - | 0.0% |
| (1,507) | - | (1,507) | 0.0% | 27 UNREALIZED GAIN/(LOSS) ON INVESTMENTS | (8,183) | - | (8,183) | 0.0% |
| (2,092) | (497) | (1,595) | -320.9% | 28 TOTAL NON-OPERATING INCOME & EXPENSE | (8,604) | 1,363 | (9,967) | -731.3% |
| \$ (3,258) | \$ (780) | \$ (2,478) | -317.7% | 29 NET INCOME (LOSS) | \$ 6,219 | \$ 1,286 | \$ 4,933 | 383.6% |
| -8.24% | -1.95% | | | 30 NET INCOME MARGIN % | 1.43% | 0.32% | | |
| \$ (1,997) | \$ (1,064) | \$ (933) | -87.7% | 31 NET INCOME (LOSS) USING FASB PRINCIPLES** | \$ 11,594 | \$ (1,566) | \$ 13,160 | 840.4% |
| -5.05% | -2.65% | | | NET INCOME MARGIN % | 2.66% | -0.39% | | |

**NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME, NET INTEREST EXPENSE ON GO BONDS AND UNREALIZED GAIN/(LOSS) ON INVESTMENTS



**WASHINGTON HOSPITAL
BALANCE SHEET**
April 2022
(In thousands)

SCHEDULE BOARD 2

| ASSETS AND DEFERRED OUTFLOWS | | April 2022 | Audited June 2021 | LIABILITIES, NET POSITION AND DEFERRED INFLOWS | | April 2022 | Audited June 2021 |
|---------------------------------|--|---------------------|----------------------|--|--|---------------------|----------------------|
| CURRENT ASSETS | | | | CURRENT LIABILITIES | | | |
| 1 | CASH & CASH EQUIVALENTS | \$ 23,068 | \$ 31,619 | 1 | CURRENT MATURITIES OF L/T OBLIG | \$ 10,065 | \$ 10,930 |
| 2 | ACCOUNTS REC NET OF ALLOWANCES | 83,568 | 73,792 | 2 | ACCOUNTS PAYABLE | 18,493 | 18,246 |
| 3 | OTHER CURRENT ASSETS | 13,488 | 12,052 | 3 | OTHER ACCRUED LIABILITIES | 89,605 | 112,710 |
| 4 | TOTAL CURRENT ASSETS | <u>120,124</u> | <u>117,463</u> | 4 | INTEREST | 6,533 | 10,597 |
| | | | | 5 | TOTAL CURRENT LIABILITIES | <u>124,696</u> | <u>152,483</u> |
| ASSETS LIMITED AS TO USE | | | | LONG-TERM DEBT OBLIGATIONS | | | |
| 6 | BOARD DESIGNATED FOR CAPITAL AND OTHER | 200,090 | 215,928 | 6 | REVENUE BONDS AND OTHER | 202,821 | 211,490 |
| 6 | GENERAL OBLIGATION BOND FUNDS | 20,046 | 0 | 6 | | | |
| 7 | REVENUE BOND FUNDS | 6,610 | 6,643 | 7 | GENERAL OBLIGATION BONDS | 345,694 | 328,564 |
| 8 | BOND DEBT SERVICE FUNDS | 19,914 | 32,763 | | | | |
| 9 | OTHER ASSETS LIMITED AS TO USE | 9,547 | 10,098 | OTHER LIABILITIES | | | |
| 10 | TOTAL ASSETS LIMITED AS TO USE | <u>256,207</u> | <u>265,432</u> | 11 | SUPPLEMENTAL MEDICAL RETIREMENT | 38,071 | 40,419 |
| 12 | OTHER ASSETS | 269,237 | 246,106 | 12 | WORKERS' COMP AND OTHER | 8,613 | 8,033 |
| 13 | PREPAID PENSION | 4,509 | 5,161 | | | | |
| 14 | OTHER INVESTMENTS | 15,168 | 12,163 | 15 | NET POSITION | 530,393 | 524,174 |
| 15 | NET PROPERTY, PLANT & EQUIPMENT | 604,438 | 640,049 | 16 | TOTAL LIABILITIES AND NET POSITION | <u>\$ 1,250,288</u> | <u>\$ 1,265,163</u> |
| 16 | TOTAL ASSETS | <u>\$ 1,269,683</u> | <u>\$ 1,286,374</u> | 17 | DEFERRED INFLOWS | 45,221 | 65,274 |
| 17 | DEFERRED OUTFLOWS | 25,826 | 44,063 | 18 | TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS | <u>\$ 1,295,509</u> | <u>\$ 1,330,437</u> |
| 18 | TOTAL ASSETS AND DEFERRED OUTFLOWS | <u>\$ 1,295,509</u> | <u>\$ 1,330,437</u> | | | | |



**WASHINGTON HOSPITAL
OPERATING INDICATORS**

April 2022

| 12 MONTH AVERAGE | April | | | | | YEAR TO DATE | | | | |
|--|---------|---------|-----------------|--------|-----------|---|---------|-----------------|---------|-----|
| | ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. | | ACTUAL | BUDGET | FAV (UNFAV) VAR | % VAR. | |
| <u>PATIENTS IN HOSPITAL</u> | | | | | | | | | | |
| 151.1 | 140.5 | 148.9 | (8.4) | -6% | 1 | ADULT & PEDS AVERAGE DAILY CENSUS | 154.3 | 142.8 | 11.5 | 8% |
| 10.5 | 9.2 | 6.6 | 2.6 | 39% | 2 | OUTPT OBSERVATION AVERAGE DAILY CENSUS | 10.4 | 6.5 | 3.9 | 60% |
| 161.6 | 149.7 | 155.5 | (5.8) | -4% | 3 | COMBINED AVERAGE DAILY CENSUS | 164.7 | 149.3 | 15.4 | 10% |
| 7.9 | 7.5 | 7.1 | 0.4 | 6% | 4 | NURSERY AVERAGE DAILY CENSUS | 7.8 | 7.6 | 0.2 | 3% |
| 169.5 | 157.2 | 162.6 | (5.4) | -3% | 5 | TOTAL | 172.5 | 156.9 | 15.6 | 10% |
| 2.6 | 2.2 | 1.8 | 0.4 | 22% | 6 | SPECIAL CARE NURSERY AVERAGE DAILY CENSUS * | 2.8 | 2.6 | 0.2 | 8% |
| 4,593 | 4,216 | 4,468 | (252) | -6% | 7 | ADULT & PEDS PATIENT DAYS | 46,894 | 43,399 | 3,495 | 8% |
| 318 | 275 | 199 | 76 | 38% | 8 | OBSERVATION EQUIVALENT DAYS - OP | 3,169 | 1,991 | 1,178 | 59% |
| 800 | 764 | 844 | (80) | -9% | 9 | ADMISSIONS-ADULTS & PEDS | 8,074 | 8,227 | (153) | -2% |
| 5.58 | 5.99 | 5.29 | 0.70 | 13% | 10 | AVERAGE LENGTH OF STAY-ADULTS & PEDS | 5.62 | 5.28 | 0.34 | 6% |
| <u>OTHER KEY UTILIZATION STATISTICS</u> | | | | | | | | | | |
| 1.601 | 1.627 | 1.668 | (0.041) | -2% | 11 | OVERALL CASE MIX INDEX (CMI) | 1.593 | 1.630 | (0.037) | -2% |
| SURGICAL CASES | | | | | | | | | | |
| 173 | 179 | 137 | 42 | 31% | 12 | JOINT REPLACEMENT CASES | 1,759 | 1,363 | 396 | 29% |
| 24 | 23 | 24 | (1) | -4% | 13 | NEUROSURGICAL CASES | 251 | 237 | 14 | 6% |
| 13 | 6 | 5 | 1 | 20% | 14 | CARDIAC SURGICAL CASES | 125 | 102 | 23 | 23% |
| 181 | 165 | 166 | (1) | -1% | 15 | OTHER SURGICAL CASES | 1,814 | 1,735 | 79 | 5% |
| 391 | 373 | 332 | 41 | 12% | 16 | TOTAL CASES | 3,949 | 3,437 | 512 | 15% |
| 204 | 200 | 196 | 4 | 2% | 17 | TOTAL CATH LAB CASES | 2,043 | 2,000 | 43 | 2% |
| 120 | 106 | 114 | (8) | -7% | 18 | DELIVERIES | 1,192 | 1,204 | (12) | -1% |
| 7,668 | 7,414 | 7,640 | (226) | -3% | 19 | OUTPATIENT VISITS | 76,563 | 74,709 | 1,854 | 2% |
| 4,318 | 4,186 | 3,797 | 389 | 10% | 20 | EMERGENCY VISITS | 44,126 | 38,005 | 6,121 | 16% |
| <u>LABOR INDICATORS</u> | | | | | | | | | | |
| 1,335.4 | 1,318.1 | 1,308.6 | (9.5) | -1% | 21 | PRODUCTIVE FTE'S | 1,347.7 | 1,279.4 | (68.3) | -5% |
| 189.7 | 199.1 | 156.9 | (42.2) | -27% | 22 | NON PRODUCTIVE FTE'S | 193.0 | 176.3 | (16.7) | -9% |
| 1,525.1 | 1,517.2 | 1,465.5 | (51.7) | -4% | 23 | TOTAL FTE'S | 1,540.7 | 1,455.7 | (85.0) | -6% |
| 5.26 | 5.32 | 5.96 | 0.64 | 11% | 24 | PRODUCTIVE FTE/ADJ. OCCUPIED BED | 5.18 | 5.95 | 0.77 | 13% |
| 6.01 | 6.12 | 6.68 | 0.56 | 8% | 25 | TOTAL FTE/ADJ. OCCUPIED BED | 5.93 | 6.77 | 0.84 | 12% |

* included in Adult and Peds Average Daily Census